

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

PlastyPAC

ADDRESS (number and street)

444 E. Algonquin

☐Check if different
than previously
reported. (ACC)

Arlington Heights

IL

60005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00249342

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2006

through

03

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

William Seward

Signature of Treasurer

Electronically Filed by William Seward

Date

04

17

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
PlastyPAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		92291.86
(b) Cash on Hand at Beginning of Reporting Period	92291.86	
(c) Total Receipts (from Line 19)	6225.00	6225.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	98516.86	98516.86
7. Total Disbursements (from Line 31)	45000.00	45000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	53516.86	53516.86
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

PlastyPAC

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 0 6

To:

M M
0 3D D
3 1Y Y Y Y
2 0 0 6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	4025.00	4025.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	2200.00	2200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	6225.00	6225.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	6225.00	6225.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	6225.00	6225.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6225.00	6225.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		45000.00	45000.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		45000.00	45000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		45000.00	45000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	6225.00	6225.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6225.00	6225.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

Full Name (Last, First, Middle Initial)

A. Dr. Bruce Baker

Mailing Address PO Box 4044

City State Zip Code
 Temple TX 76505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.4170

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Robert Burk

Mailing Address 209 Ponte Vedra Park Dr.

City State Zip Code
 Ponte Vedra Beach FL 32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.4142

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert Burk

Mailing Address 209 Ponte Vedra Park Dr.

City State Zip Code
 Ponte Vedra Beach FL 32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.4148

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial) Dr. Duncan Miles Mailing Address 11175 Campus St. Suite 21126 City Loma Linda State CA Zip Code 92354 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 9 / 2 0 0 6 Transaction ID: SA11A1.4174 Amount of Each Receipt this Period 300.00
B. Full Name (Last, First, Middle Initial) Dr. Samir Shureih Mailing Address 10 East 31st Street City Baltimore State MD Zip Code 21218 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 8 / 2 0 0 6 Transaction ID: SA11A1.4144 Amount of Each Receipt this Period 300.00
C. Full Name (Last, First, Middle Initial) Dr. E. Clyde Smoot, III Mailing Address PO Box 2085 City Lake Charles State LA Zip Code 70602 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 8 / 2 0 0 6 Transaction ID: SA11A1.4136 Amount of Each Receipt this Period 225.00

SUBTOTAL of Receipts This Page (optional)

825.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 / 13

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial) Dr. James Stuzin Mailing Address 3225 Aviation Ave., Ste. 100 City State Zip Code Cocunt Grove FL 33133 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Self Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 6 Transaction ID: SA11A1.4176 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Dr. Jane Westin Mailing Address 529 Lakemead Way City State Zip Code Redwood City CA 94062 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Self Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 6 Transaction ID: SA11A1.4168 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Dr. Steven White Mailing Address 1275 21st Ave. North City State Zip Code Myrtle Beach SC 29577 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Self Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 6 Transaction ID: SA11A1.4193 Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional)

2075.00

TOTAL This Period (last page this line number only)

4025.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
PlastyPAC

A. Full Name (Last, First, Middle Initial) BARTON, JOE L		Transaction ID: SB23.4125 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 5 / 2 0 0 6</div> </div>	
Mailing Address 701 Williamsburg		Amount of Each Disbursement this Period <div>5000.00</div>	
City Ennis State TX Zip Code 75119	Purpose of Disbursement	<div>Category/Type</div>	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 06	Disbursement For: 5000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) ENSIGN FOR SENATE		Transaction ID: SB23.4109 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 5 / 2 0 0 6</div> </div>	
Mailing Address PO BOX 26568		Amount of Each Disbursement this Period <div>2500.00</div>	
City LAS VEGAS State NV Zip Code 89126	Purpose of Disbursement	<div>Category/Type</div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) FRIENDS OF CONRAD BURNS - 2006		Transaction ID: SB23.4107 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 5 / 2 0 0 6</div> </div>	
Mailing Address PO BOX 1596		Amount of Each Disbursement this Period <div>2500.00</div>	
City HELENA State MT Zip Code 59624	Purpose of Disbursement	<div>Category/Type</div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>10000.00</div>	
TOTAL This Period (last page this line number only)			

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PlastyPAC

Full Name (Last, First, Middle Initial) A. FRIENDS OF JOHN BOEHNER		Transaction ID: SB23.4121 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6	
Mailing Address 7908-I Cincinnati Dayton Road		Amount of Each Disbursement this Period 5000.00	
City West Chester	State OH	Zip Code 45069	Category/ Type
Purpose of Disbursement			
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH District: 08			
Full Name (Last, First, Middle Initial) B. FRIENDS OF KENT CONRAD		Transaction ID: SB23.4117 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6	
Mailing Address PO BOX 812		Amount of Each Disbursement this Period 2500.00	
City BISMARCK	State ND	Zip Code 58502	Category/ Type
Purpose of Disbursement			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: ND District: 00			
Full Name (Last, First, Middle Initial) C. JON KYL FOR U S SENATE		Transaction ID: SB23.4115 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6	
Mailing Address PO BOX 10246		Amount of Each Disbursement this Period 2500.00	
City PHOENIX	State AZ	Zip Code 85064	Category/ Type
Purpose of Disbursement			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AZ District: 00			

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
PlastyPAC

A. MIKE DEWINE FOR US SENATE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 340188

City COLUMBUS State OH Zip Code 43234

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 00

Transaction ID: SB23.4105

Date of Disbursement

03 / 15 / 2006

Amount of Each Disbursement this Period

3000.00

B. NATHAN DEAL FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 902
PO BOX 902

City GAINESVILLE State GA Zip Code 30503

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2006 ☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 9

Transaction ID: SB23.4127

Date of Disbursement

03 / 15 / 2006

Amount of Each Disbursement this Period

5000.00

C. RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 1919
P. O. Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2006 ☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 01

Transaction ID: SB23.4130

Date of Disbursement

03 / 15 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PlastyPAC

Full Name (Last, First, Middle Initial)

A. SANTORUM 2006 INC

Mailing Address ONE TOWER BRIDGE SUITE 1440

City WEST CONSHOHOCKEN State PA Zip Code 19428

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 00

Transaction ID: SB23.4113

Date of Disbursement

03 / 15 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. SORENSEN, SHELIA

Mailing Address PO Box 1661

City Boise State ID Zip Code 83701

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2006 ☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District: 01

Transaction ID: SB23.4132

Date of Disbursement

03 / 15 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. TALENT FOR SENATE COMMITTEE

Mailing Address 147 N MERAMEC SUITE 100

City ST LOUIS State MO Zip Code 63105

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2006 ☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 00

Transaction ID: SB23.4111

Date of Disbursement

03 / 15 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PlastyPAC

Full Name (Last, First, Middle Initial)
A. TRENT LOTT FOR MISSISSIPPI

Mailing Address PO BOX 22824

City JACKSON State MS Zip Code 39225

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☒ Senate
☐ President

State: MS District: 00

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.4104

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

B. VICTORY FUND '98 - JOINT FUNDRAISING COMMITTEE

Mailing Address 911 20TH STREET

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement

Candidate Name
FRIENDS OF JOHN BOEHNER

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.4123

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

45000.00